

CHAPTER 1100

EMERGENCY SERVICES PROGRAM

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1100 EMERGENCY SERVICES PROGRAM OVERVIEW

AHCCCS provides emergency health care services through the Federal Emergency Services Program (FESP) for those individuals who, but for their citizenship status, would meet Federal Title XIX eligibility requirements.

Emergency services under the FESP are limited to those services for treatment of any emergency medical condition as specified in Section 1903(v) of the Social Security Act and Title 42 of the Code of Federal Regulations Part 440.255 (42 CFR 440.255). Any service provided to a FESP member that does not meet the definition for treatment of an emergency medical condition is excluded from coverage.

Definitions.

For the purpose of this chapter, the following definitions apply:

“Acute” – refers to symptoms that have arisen rapidly, and, more importantly, are short-lived.

“Chronic” – means a health related state lasting a long time.

“Member” – means the FESP member.

“Stabilized” – with respect to an emergency medical situation, means that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility.

Amount, Duration and Scope. Arizona Revised Statutes §36.2903.03 provides that undocumented aliens are eligible for AHCCCS coverage necessary to treat an emergency medical condition as defined in Section 1903(v) of the Social Security Act.

The term “emergency medical condition” refers to a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including extreme pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the patient’s health in serious jeopardy



2. Serious impairment to bodily functions, or
3. Serious dysfunction of any bodily organ or part.

To determine whether a member suffers from an emergency medical condition, the focus must be on the member's current medical condition and whether that condition satisfies the criteria specified above at the time the service is rendered. The member's current medical condition can be the initial injury that led to the admission, a condition directly resulting from that injury, or a wholly separate condition. The type of facility where a member presents or where service is delivered is not a factor in the determination of an emergency condition. Emergency services can be provided in any setting. Even though an initial injury may be stabilized, it does not necessarily mean that the emergency medical condition has ended.

The following applies for **all** emergency medical conditions:

1. The patient's current medical condition must be manifesting itself by acute symptoms. (A medical condition manifesting itself by only chronic symptoms is not an emergency medical condition, even though the absence of medical care might lead to one of the three adverse consequences: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.), **and**
2. The acute symptoms must be sufficiently severe that the absence of immediate medical attention could reasonably be expected to place the member's health in serious jeopardy, or serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

● **REFERENCES**

1. Section 1903(v) of the Social Security Act
2. Title 42 of the Code of Federal Regulations, Part 435 (42 CFR 435)
3. 42 CFR 440.255



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4. Arizona Revised Statutes (A.R.S.) §36-2903.03
5. Arizona Administrative Code, Title 9, Chapter 22, Article 2 (9 A.A.C. 22)

Refer to the FFS Provider Manual, Emergency Services Program, for billing requirements. This manual is available on the AHCCCS Web site at www.ahcccs.state.az.us.



1110 PRIOR AUTHORIZATION, NOTICE AND CONCURRENT AND RETROSPECTIVE REVIEW

- **PRIOR AUTHORIZATION**

Prior authorization is not required for emergency services.

- **NOTICE OF EXTENDED HOSPITALIZATION**

Under 9 A.A.C. 22, Article 2, the provider must provide notification to the AHCCCS Administration as follows:

1. For a hospitalization that originates as an emergency admission, notice must be provided to the AHCCCS Administration no later than the fourth day of hospitalization.
2. For an Intensive Care Unit admission that originates as an emergency admission, notice must be provided to the AHCCCS Administration no later than the second day of hospitalization.

- **CONCURRENT AND RETROSPECTIVE REVIEW**

All emergency services under the FESP, in whatever setting, are subject to concurrent and/or retrospective review to determine if an emergency did exist at the time of service. If AHCCCS determines that the service did not meet the Federal definition of an emergency medical condition, then the following actions may occur:

1. Denial or recoupment of payments
2. Feedback and education to the provider, and/or
3. Referral for investigation, if there appears to be a pattern of inappropriate billing.



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